

**Application Data Sheet****Application Information**

Application number::  
Filing Date:: February 13, 2004  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?::  
Computer Readable Form  
(CRF)?::  
Number of copies of CRF::  
Title:: ZERO-FORCE KEY ACTIVATION KEYBOARD  
WITH DYNAMIC INDIVIDUAL KEY ILLUMINATION  
  
Attorney Docket Number:: DFF-001  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 10  
Small Entity?:: Yes  
Latin Name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers:  
Secrecy Order in Parent Appl.?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: U.S.  
Status:: Full Capacity  
Given Name:: Michael J.  
Family Name:: Duff  
Name Suffix::  
City of Residence:: Sunnyvale  
State or Province of Residence:: California  
Country of Residence:: U.S.  
Street of mailing address:: 555 E. Washington Avenue, #212  
City of mailing address:: Sunnyvale

State or Province of  
mailing address: California  
Country of mailing address:: U.S.  
Postal or Zip Code of  
mailing address:: 94086

### Correspondence Information

Correspondence Customer  
Number:: 32836  
Name: Guerin & Rodriguez, LLP  
Street of mailing address: 5 Mount Royal Avenue  
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City of mailing address: Marlborough  
State or Province of  
mailing address:: MA  
Country of mailing address:: US  
Postal or Zip Code of  
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### Representative Information

Representative Customer  
Number:: 32836

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/447,573	February 14, 2003

### Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of  
mailing address::

Country of  
mailing address::

Postal or Zip Code of  
mailing address::